## 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT# L03000034950

Name:

Address:

City-St-Zip:

6429 PANORAMA DR.

BRENTWOOD, TN 37027

Entity Name: TITANS VENTURES, LLC

**FILED** Mar 23, 2006 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** PO BOX 4836 SANTA ROSA BEACH, FL 32459 **Current Mailing Address: New Mailing Address:** PO BOX 4836 SANTA ROSA BEACH, FL 32459 FEI Number: 20-0224899 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: PORATH, SHANNON L WIDMAN, SHANNON L 56 SPIRÉS LANE, SUITE 16A 56 SPIRES LANE, SUITE 16A SANTA ROSA BÉACH, FL 32459 US SANTA ROSA BÉACH, FL 32459 US The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE: SHANNON L WIDMAN 03/23/2006 Electronic Signature of Registered Agent Date MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES: ( ) Delete MGR Title: () Change () Addition GILBERT, MAURICE D Name: Name: PO BOX 4836 Address: Address: City-St-Zip: SANTA ROSA BEACH, FL 32459 City-St-Zip: Title: MGR Title: ( ) Delete () Change () Addition FOGELBERG, HAROLD Name: Name: Address: 6100 MURRAY LANE Address: City-St-Zip: BRENTWOOD, TN 37027 City-St-Zip: Title: MGR () Delete Title: () Change () Addition BOWIE, RICHARD L Name: Name: **401 ABBEY COURT** Address: Address: City-St-Zip: BRENTWOOD, TN 37027 City-St-Zip: Title: MGR ( ) Delete Title: () Change () Addition FIDLER, ROBERT W

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

Name:

Address:

City-St-Zip:

SIGNATURE: MAURICE GILBERT 03/23/2006